

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90011 041 ***158.75

DOCUMENT # K33352

1. Entity Name
ALFORD, ROGERS, CULLIMORE, CONCEPTS, INC.



Principal Place of Business
**1954 OLD DAYTONA ROAD
PORT ORANGE, FL 32124**

32128

Mailing Address
**1954 OLD DAYTONA ROAD
PORT ORANGE, FL 32124**

32128

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2910890

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, SYLVAN A
618 N. WILD OLIVE AVE
DAYTONA BEACH, FL 32018**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALFORD, GEORGE
STREET ADDRESS	1954 OLD DAYTONA RD
CITY-ST-ZIP	DAYTONA BEACH, FL PORT ORANGE, FL 32128
TITLE	D
NAME	ALFORD, BARBARA
STREET ADDRESS	1954 OLD DAYTONA RD
CITY-ST-ZIP	DAYTONA BEACH, FL PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Barbara Alford (BARBARA ALFORD)

1/7/04

386-258-5695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #